



**NEW YORK STATE
RIFLE & PISTOL ASSOCIATION, INC.**

Application for clubs and associations
P.O. Box 1023, Troy, New York 12181-1023
Phone: 800-469-7772 FAX: 518-274-4972

Please check one: New Member Renewal (NYSRPA #: _____)

Club name (Please PRINT): _____

Mailing address: _____

Street address: _____

City: _____ State: _____ ZIP: _____

County: _____ Club phone #: (_____) _____

E-mail: _____

Website: _____

NRA Member Club? No Yes (NRA #: _____)

Club President: _____ Phone #: (_____) _____

Club Vice President: _____ Phone #: (_____) _____

Club Secretary: _____ Phone #: (_____) _____

Club Treasurer: _____ Phone #: (_____) _____

Club activities (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Smallbore | <input type="checkbox"/> Trap & skeet | <input type="checkbox"/> Air rifle |
| <input type="checkbox"/> Highpower | <input type="checkbox"/> Sporting clays | <input type="checkbox"/> Air pistol |
| <input type="checkbox"/> Sporterifle | <input type="checkbox"/> Muzzleloading | <input type="checkbox"/> Cowboy |
| <input type="checkbox"/> International | <input type="checkbox"/> Pistol | <input type="checkbox"/> .50 Caliber |
| <input type="checkbox"/> IHMSA | <input type="checkbox"/> IDPA | <input type="checkbox"/> Women's activities |
| <input type="checkbox"/> PPC | <input type="checkbox"/> IPSC | <input type="checkbox"/> Junior activities |

Additional activities

- 1 Year Membership, runs January—December \$60.00
 Additional voluntary contribution \$ _____
 Additional voluntary contribution to political action committee \$ _____
TOTAL ENCLOSED: \$ _____

Please indicate your payment method:

- Check or Money Order (*payable to NYSRPA*) Visa Mastercard

Name on credit card (*Please PRINT*): _____

Account #: _____ Expiration: _____

Signature: _____

Name of representative requesting membership (*Please PRINT*): _____

Signature: _____ Date: _____